

HIV TESTING *It's Routine!*

QUICK REFERENCE GUIDE FOR HIV ROUTINE TESTING

- Offer routine HIV Testing to all patients age 13–64 at their annual visit regardless of risk factors
- Train staff on billing and coding
- Make adequate time for staff to address billing and coding issues
- Seek reimbursement by billing Medicaid, Medicare, or other third-party payers for HIV/AIDS testing services
- Assess current billing and reimbursement practices, infrastructure for billing and reimbursement, status of health information technologies, and challenges and technical assistance needs
- If not already in place, use electronic health records (EHR) to maximize health information technology capacity
- Monitor rate of reimbursement for each payer
- Update of information technology infrastructure (billing software)

ROUTINE HIV TESTING RECOMMENDATIONS

HIV testing is routine and reimbursable. HIV screening has a grade “A” rating from the U.S. Preventive Services Task Force (USPSTF).

Patient Protection and Affordable Care Act (PPACA) requires that qualified health plans provide at a minimum coverage without cost-sharing for preventive services rated A or B by USPSTF.

Listed are ICD-10 codes and CPT codes that can be used to evaluate the needs and objectives of the healthcare setting, and to bill for HIV screening.

ICD-10-CM DIAGNOSIS CODES CHART [HTTPS://ICDCODELOOKUP.COM](https://icdcodelookup.com)

OFFICE SERVICE

ICD-10 CODES	DESCRIPTION
Z00.0	Encounter for general adult medical examination without abnormal findings.
Z11.4	Encounter for screening for human immunodeficiency virus (HIV).
Z11.59	Encounter for screening for other viral diseases.
Z70.0	Counseling related to sexual attitude.
Z70.1	Counseling related to patient's sexual behavior and orientation.
Z71.7	Human immunodeficiency virus (HIV) counseling.
Z72.89	Other problems related to lifestyle
Z21	Asymptomatic human immunodeficiency virus (HIV).
B20	Human immunodeficiency virus (HIV) disease.
Z72.5	High risk sexual behavior.

CODING GUIDELINE FOR ROUTINE HIV TESTING CARE SETTINGS

OFFICE SERVICE

CODE	DESCRIPTION
99385	Initial comprehensive preventive medicine service evaluation and management 18–39 years of age (new patient)
99386	Initial comprehensive preventive medicine service evaluation and management 40–64 years of age (new patient)
99387	Initial comprehensive preventive medicine service evaluation and management 65 and older years of age (new patient)
99395	Periodic comprehensive preventive medicine service reevaluation and management 18–39 years of age (established patient)
99386	Periodic comprehensive preventive medicine service reevaluation and management 40–64 years of age (established patient)
99387	Periodic comprehensive preventive medicine service reevaluation and management 65 and older years of age (established patient)
99211 99215	Officer or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician (code based on time spent, 5–40 minutes)

PRE-AND POST-HIV TEST COUNSELING

CODE	DESCRIPTION
99401 99404	Preventive medicine counseling or risk factor reduction(s) provided to an individual; (code based on time spent, 15–60 minutes)

REFERENCES 1. American Medical Association, American Academy of HIV Medicine. CPT® – Current Procedural Terminology. <http://www.ama-assn.org/ama/pub/physicianresourcesolutionsmanagingyourpractice/codingbillinginsurance/cpt.page>. Accessed December 15, 2018
 2. Centers for Medicare and Medicaid Services (CMS). CMS.gov. <http://www.cms.gov/Medicare/Medicare.html>. Accessed December 15, 2018.
 3. National Alliance of State & Territorial AIDS Directors. Issue Brief; Billing and Reimbursement. Health Departments and Capacity for Third-Party Billing and Reimbursement: A Status Report and Resources for Capacity Building. <http://nastad.org/docs/NASTADIssueBriefBilling>. Accessed December 15, 2018

